THE LANCET.

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SURGICAL LECTURES,

DELIVERED BY

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Theatre, St. Bartholomew's Hospital.

LECTURE 9.

GENTLEMEN,

When I mentioned to you the subject of chronic abscesses, I said, they generally formed in persons of bad habits, in whom the general health is much disordered; but I have also to say, that when they become open, they produce a great deal of constitutional irritation. In former times, this was attributed to the absorption of matter, but I do not hear of any body believing such stuff now-a-days; and, upon my life, I do not see that there is any good in discussing these points, or in taking up much of your time in endeavouring to prove, that the mischief arising from the opening of chronic abscesses depends upon a specific inflammation of their cysts. I know that a great deal has been said upon this point; and it has also been said, that the absorption of the matter was the cause of hectic fever, but it is quite nonsensical. The cysts of such abscesses are secreting and absorbing surfaces, therefore absorption must have been going on from the commencement, yet no hectic is produced until the abscess becomes open. There was an observation made by a person, at one of the sittings of the Royal Academy of Medicine of France: "*L'accroissement de savoir n'est pas pareille a celle-la des plusieurs choses; puisque elle soit en clarté du soleil se fletri.*"

I am a bad French speaker I allow, but I have been accustomed to translate it thus: "The increase of knowledge is not like that of other things; for as our opportunities increase, there is often a great diminution in its bulk." But I do not want to go into this now, because I might talk for a long time to no purpose, and I might give you but little information; but I think it must be manifest to your own senses, that the mischief arises from an inflammation of the cyst of an abscess: the constitution must suffer more or less, as the abscess is either small or large. A chronic abscess may be opened when it does not contain more than four ounces of matter, and yet produce considerable constitutional disturbance. Now, what would you think of its being left till it contained four quarts. I punctured an abscess in a man's thigh once, and let out four ale-house quarts of matter. I saw an ale-house quart in the room and I had the curiosity to measure it. Now if you have inflammation occurring in the cyst of an abscess equal to the surface of a gallon measure, it must be productive of more considerable effect on the constitution than when it occurs on a surface equal to that of a four ounce measure. Now a

Lumbar Abscess

is the most important specimen that I know of chronic abscesses in general; not that I wish you to believe, or that I mean to assert, that lumbar abscesses are necessarily chronic abscesses. They may be formed with considerable inflammation; but even if they were phlegmonous in their origin, and they are so in general, yet they become of the nature of chronic abscesses in their progress, and they are chronic abscesses in their termination. The matter forming in the loins may be attended with considerable inflammation; the matter falls down into the lower part of the loins, but then it does not produce much

irritation: it is, in the language of Mr. HUNTER, "an abscess in a part, and not an abscess of a part." The surrounding parts, in which the matter is found, have no participation in the disease, but that which arises from mere distention; this is generally allowed; the matter accumulates to a very great degree, the parts are very much distended, the integuments become inflamed and ulcerate, and in this way give vent to the contents of the abscess.

It is rather a curious thing, that when I first began to attend to lumbar abscesses, I met with eight lumbar abscesses in succession, which did not appear to be connected with disease of the vertebral column, but I have since seen these abscesses combined with such diseases. Unusual cases may happen so frequently in succession as to appear to any individual sufficient to warrant him in saying, that they are always of the character which he may have described; but more extensive experience would show him, that such conclusions were erroneous, and should serve to convince us, that such cases are not to be implicitly relied on in the investigation of disease. Now I admit the truth of what is the general opinion, namely, that lumbar abscesses are frequently connected with and produced by disease of the vertebral column; and then I say, that when such a lumbar abscess becomes open, it is something more than an abscess; it is a chronic abscess, but it is leading unto a pile of diseased bones. The bursting, or opening of a lumbar abscess, is an event very much to be feared, if not attended to with caution, for if you remember what I said about chronic abscesses in general, you will be at no loss to know why they are so; the cysts of such abscesses are very thin, and there is little consolidation of the surrounding parts. The action in the cysts is of a very low kind, and adhesion cannot readily take place; but if by evacuating the matter you can prevent the further separation of parts, the cavity which contained the abscess may shrink very much, and therefore there is not so much afterwards to be united. I will tell you what I have proposed to do in lumbar abscesses, and I may say it is the result of certain practices founded upon certain principles.

Treatment.

If I had occasion to open a lumbar abscess, believing that it was connected with a diseased state of the vertebral column, I would direct gentle pressure to be made on the abscess, and puncture it with an abscess lancet; continue the pressure as long as the matter continues to flow, and carefully close the opening by sticking plaster. The patient should be required to be in bed, and not allow the diseased parts to move about. What good can you expect to do if motion be allowed? you would excite more irritation and disturbance than the means you employ could do good. In addition to preserving the parts in a quiet and undisturbed state, and believing that the abscess was connected with a diseased state of the vertebral column, I would employ counter irritation; it is a safe and frequently a useful method, and tends to diminish the diseased action in the parts beneath; but at the same time I would sedulously apply myself to the regulation of the patient's health, and to the state of the functions of the digestive organs. This is saying in brief, what explains a great deal.

Try to improve the health, and I say that *lumbar abscesses may sometimes be dispersed.* If it should, notwithstanding your endeavours to improve the general health, continue to increase, and if it should so increase as to show any disposition to burst, then I would rather puncture it than allow it to break of itself. But there are numerous instances recorded in professional books, of lumbar abscesses dispersing by the observance of rest and attention to the general health. A Monsieur DAVILLE has given an instance of this, and so have several other persons. I used also to relate an instance of this thing, namely, of the disposition that there sometimes is in a lumbar abscess to disperse. I do not know whether I had better to give it, and yet I see no necessity why I should not. I was requested to see a young lady, a long way in the country, even in Wales, and in a very remote part of the principality too, who had a lumbar abscess.

I went, and I found that there was a large collection of matter in the fore part of the thigh, that the spine was much distorted; the countenance flushed; and the constitution altogether in a very irritable state. I pointed out the impropriety, to the father, of having this abscess opened in the present state of his daughter's health, and gave it as my opinion, that it would be attended with very serious consequences; but, at the same time, I told him that if she were in Bartholomew's Hospital I should have no doubt of her getting well; and that although she was then amongst the mountains of Wales, and had "all other appliances to boot," yet I was afraid that she would not do well, and that the cause of it rested principally with himself. "How?" said he, "I do not understand that." I repeated to him what I had before said, and explained what I meant by saying, that he would not have resolution. He said, he was determined that he would observe any plan which I could point out. I told the other medical attendants, that there was very little that needed to be done; that she should be kept in a state of quietude; that some counter irritation should be made, as by issues, and that the state of the digestive organs should be attended to; but at the same time I admitted, that if the abscess should continue to increase and distend the parts much, that it might then be opened with no more risk than if done earlier. By this treatment the abscess, instead of continuing to increase, became lessened; her general health very much improved; and for the first twelve months I had nothing but letters of gratitude and exultation. "My daughter," the gentleman used to say, "is getting stronger every day, and the disease is gradually subsiding." After this time, the tone of the letters began to alter; he said, that he thought the issues were, by the drain, producing a state of weakness, although he had admitted that his daughter was daily growing in strength and in stature, and wanted my opinion. I told him what that was, that the only chance for her recovery was the perseverance in the same plan. Well, but from some reason or other, they got tired of the advice I had given, and sent to London for a machine, which I think they called a spinal stays; this was sent down, and I believe a person was sent down to apply it. The gentleman some time after sent me another letter, speaking very highly of the spinal stays, and added, that by screwing it up they could raise his daughter in height two inches. I wrote, in reply, to the following effect: "In the name of common sense, sir, only consider what a state that vertebral column must be in, which will admit of such elongation by any artificial means." I advised them, by all means, to lay it aside, and return to the former plan. About six years after this the patient went, for change of air, to Bristol, and there, for some phthisical complaint, took muriate of lime under Dr. BEDDOES, and either by this, or something else, the phthisical complaint was removed. Let not the law alone boast of a glorious uncertainty, it was said. Oh! this was a thing just fitted to cut a figure in medical books: here were letters from her father, who was a Member of Parliament, to state the condition in which she was in before and after, and a case of a wonderful cure was recorded of a disease of seven years' standing, which was at the same time acknowledged to have been accomplished seven years before. (A laugh.)

Now, even in some cases where the abscess was connected with disease of the vertebral column, I should entertain hopes, but not sanguine hopes, that, by proper management, the abscess might be dispersed without breaking. When Nature sets about a process, she generally sets about it in a determinate way, as if she meant to bring it to a termination. Nevertheless, in spite of all our attempts, these abscesses will continue to increase; the parts will become more and more distended, almost on the point of inflaming the skin, and then I should open it; I should do this for an Hibernian reason, that it never might be opened. I should open it, reckoning on my own care and capability of keeping it closed. (A laugh).

The abscess, being emptied, would be at liberty to contract. The abscess was first in the loins, but the matter falls down and distends the fascia of

the thigh; but you could not open it until it had reached a certain point of distention, because you would be in danger of wounding the large vessels, and so on. Well, the plan to be adopted is this: you direct an assistant to make gentle pressure on the upper part of the abscess, so as to distend the lower part, and then, with an abscess lancet, you puncture it; you carry the lancet in as far as the shoulder. I used to do this *obliquely*, but I do *not* now think that this is of *importance*. The puncture through the integuments will be about three-fourths of an inch in length, and the puncture through the fascia about half an inch. You have made the puncture, and out runs a stream of matter; you continue the pressure upon the abscess, so that this stream may be uninterrupted; presently something chokes up the opening you have made; this is the coagulable lymph, as it has been called, but I think it is the fibrin of the blood; you take this away by a small forceps, and out the matter runs again. When you find the abscess very much shrunk, you carefully bring the edges of the wound together, and desire the patient to cough; down comes another quantity of fluid, and you make your pressure on the abscess, and let the orifice be open, and out it runs again. You desire him to cough as often as you find any matter coming down; and then you carefully close the opening, wipe the edges of the wound, and put a bit of lint over the opening, and on that a strap or two of adhesive plaster, just as you should after bleeding a man in the arm. I generally put a few straps on the part, so as to make gentle pressure, but I use no further bandaging, and the patient can then tell if the plasters should get at all loose. The wound should be dressed every second day, and, by this management, no more inflammation will ensue than if it had never been opened. Now the reason why you are to be so careful in tapping these abscesses is, not only to let out the matter, but to prevent the letting in of air. The old surgeons used to be terribly afraid of this air getting into the abscess; but the air itself does not appear to me to be the cause of the great constitutional irritation, for we see air escaping into the cellular membrane when the lungs are wounded, without producing inflammation there. Air has also been blown into the different cavities of the body, without producing any such effect. I need not detain you any further in discussing a point which has been long since set aside, but go on to a case which will be of service to relate to you.

I say that I do not think that the mischief arises from letting air into an abscess, if you have let out the matter. I remember a surgeon who said, that he had punctured a lumbar abscess according to Mr. Abernethy's method; but the assistant informed me, before I saw the patient, that, when holding the edges of the wound apart by probes to let out the flakes of matter, some bubbles of air went with a gurgling noise into the abscess. I saw the patient on the third day, and found the thigh covered by a number of straps of plaster; he was in a state of very high fever, and restless; the limb was very much swollen; the fascia of the thigh was as much distended as before the operation. I desired the plasters to be taken off immediately, and out rushed a blast of fœtid air; the air had caused a putrefactive process to take place in the matter of the abscess, and out it came; it was stinking, horribly stinking stuff. Some of this putrified matter had been absorbed, and the man died in a very short time of a fever almost as bad as the plague. I was present at the opening of the body, and there were large quantities of a bloody fluid effused into all the large cavities.

Well, then, when no more matter comes down on coughing, you bring the edges of the wound, as I before said, very carefully together, and adhesion takes place. Now the circumstance of its being emptied and then filled by the impetus of coughing, leads us to know, that it is an abscess *in* a part, and not *of* a part. After this, I say to the patient, now, the well doing of this wound depends very much on your own care and attention. I generally dress the wound every second or third day; it frequently unites by adhesion, but sometimes by granulation. The abscess not being kept open, the patient

escapes the constitutional disturbance.

The matter being evacuated, the cavity of the abscess is at liberty to contract, and it does so to a certain extent; but the matter accumulates again, and I have generally observed, that it does so in a given ratio. If, for example, an abscess when first punctured should contain 30 ounces, when punctured again at the end of a fortnight, it will be found to contain 20 ounces; at the end of another fortnight it would contain between 13 and 15 ounces, and so continue to diminish in about the proportion of one-third at the expiration of the same time.

After puncturing the abscess two or three times, there is such a diminution of secretion, that the patient fancies he is almost well, and, because he can walk with a stick or crutch, he leaves the hospital, and, getting amongst his friends, he indulges in eating and drinking, is seized with irritative fever, and dies. But if he could be sent into the country, it would do him much good. The patient should be kept from going about, as a state of rest is necessary for the restoration of the parts; he should be placed in an easy position, and remain on his bed. I have examined the bodies of some persons who have died after the abscesses have been treated in this way, and have found that they have been contracted to mere fistulous tubes, leading to a piece of diseased bone. Lumbar abscesses have also got well, after they have been once opened, and I have found such a change in the appearance and strength of the patient as is really astonishing.

When these abscesses are allowed to break of themselves, there is such an irritation produced in the cyst of the abscess, as causes a high degree of irritative fever; the pulse is 130 in a minute; the patient gets no sleep; the mind is in the greatest state of agitation, approaching almost to delirium, and so on; and the patient generally dies. Now it is from observing the result of such cases, and, on the other hand, observing the beneficial effect of the management which I have now pointed out, but more at large in the "Surgical Observations," that I have been induced to recommend the adoption of such practice to others.

When matter forms beneath fascia, there is no opportunity allowed for the cavity of that abscess to contract, because, as the matter distends the fascia, it separates it from the surrounding parts, and therefore it must yield to the distention; but what you ought to do is to puncture the abscess whilst it is small, if you find it disposed to increase, and not suffer the detachment of the fascia to proceed to such an extent. This is what I endeavoured to explain, by saying, that an abscess may be opened when it contains four ounces, or it may be allowed to remain until it will contain four quarts.

When speaking at first of chronic abscesses, which are in many points like phlegmonous ones, I said, that the cysts of such abscesses were of a villous structure, that they were secreting and absorbing surfaces, and that they sometimes were dispersed by the absorbents taking up the fluid in a less time than it was secreted. Now as this is the case, *what is the rule for the puncturing of such abscesses?* If an abscess be enlarging in its circumference; if it be not becoming pyramidical, or tending to burst, you had better puncture it, and bring it to a crisis, because you would, by so doing, prevent any great extension of the mischief which the separation of parts would occasion; but it should be done in the cautious manner I have pointed out. But if, on the other hand, an abscess become pyramidical, and tending to burst, and if it be not enlarging in its circumference, why, you had better leave it to Nature's process, and lay a bread and water poultice over the part. I cannot say that I like to interfere in any of Nature's processes, except under circumstances of necessity, for Nature does all things in the best possible manner. If you puncture an abscess when it does not want a puncture, why, the wound heals, and the matter collects again. Nature often manifests a disposition to bring an abscess to the surface in one direction: but the surgeon says, "No, no, that is not right; we must make an opening somewhere else;" but Nature is generally right,

and the opening which Nature makes does not heal, until the sides of the abscess are consolidated.

Now I say this is the rule, but I have sometimes been tempted to act differently in cases where the absorbent glands have suppurated in the necks of children; for if such abscesses are allowed to break, they generally leave a scar, which is very unpleasant; and persons say, Oh! such a person is scrofulous. But when the fluid can be distinctly felt, and as soon as the least blush of redness appears, it is best, I think, to open it with the point of a lancet, and let out the contents. The place generally heals well, and little deformity is left. I have seen these abscesses when opened prematurely, in an irritable and scrofulous constitution, produce more ulceration than would have been the case if left alone. I opened an abscess in the neck of a little girl and discharged two ounces of matter from it, but no scar could be seen.

Sometimes these abscesses produce fistulæ; and what is the reason why fistulæ do not get well? What, but that the cysts of the abscesses with which they communicate are in an unhealthy state; the constitution is also deranged, and there are no healthy granulations produced to fill up the cavity. Now, I believe this is simply the fact; but we are always trying to make diseases well; we want to lay open fistulæ; we are not content to wait a little till the action in the cyst shall be changed; we want to excite action, and we inject stimulating fluids, and so on. I have often seen little fistulæ leading from suppurating glands in the groin laid open, and when they have been laid open, their edges have remained callous, uneven, and indisposed to heal. All this sort of practice is finical and unnecessary. I say, that all you have to do is, to lay a bread and water poultice on the part, allow a little time, and restore the disturbed state of the digestive organs. I know that what I am now telling you is contrary to the general opinion of the profession, but I feel that I have good reason for saying what I do, and I am satisfied that, barring the cases of *fistulæ in ano*, the observations which I have made are perfectly correct. The state of the fistulæ is dependent on the state of the cyst of the abscess, and the state of the abscess is dependent on the state of the general health. Many surgeons have an idea too, that it is necessary to make counter openings in cases where the abscesses are extensive, but I had a good lesson on this subject when I was a young man. I attended a young lad who had a diseased hip; it suppurated, and there were large collections of matter deep amongst the muscles of the thigh; the abscess ulcerated, but the surgeon said, here is a collection of matter behind, we must make a counter opening. The counter opening was made, but mark the end of it; I say, mark the end of it: the new opening was soon closed, although made in the most depending part of the abscess, and the old one remained open.

I have now described to you the nature, and some of the consequences, of chronic inflammation. I have said, that it builds up new structures; that it raises insterstitial structures, and that it forms extensive abscesses. In my next Lecture, I shall describe to you some other kinds of inflammation.

LECTURES

ON THE

PRINCIPLES AND PRACTICE

OF PHYSIC,

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LECTURE 8.

In my last lecture I described the direct and indirect indications of inflammation of the brain and its membranes, as it occurred in the *adult*; and in this I shall describe the symptoms of inflammation of those parts as they appear in *infancy* and *childhood*, together with the morbid anatomy of phrenitis.

Some peculiarities exist in early life, which render a separate illustration necessary, and I would rather be deemed tedious by repetitions, than

run the risk of being misunderstood on a subject of so much importance. Investigation of the affections of infants must be conducted very much in the same way as those of the lower animals. In both instances the difficulty of diagnosis is increased, from their not being able to express their feelings and wants through language; and we have to judge, therefore, mainly from the appearances which are presented.

By the term *infancy*, I mean that period before speech commences; and by that of *childhood*, the period of life after the commencement of speech till the approach of puberty. In infancy, the first point to be considered is the anatomical physiology, or the observance of the different functions in the various structures of the healthy body; the second point is to contrast the existing symptoms with those functions; and the third point is, in fatal cases, to examine the body minutely, that we may discover the pathological cause or condition on which the symptoms depend. If we pursue, with becoming care, this threefold method, we shall be enabled to arrive at as correct an opinion respecting the nature of the affections of infancy as we could in those of adults. When we consider the sacredness of life, and how closely and tenderly the feelings and the happiness of parents are entwined with the health of their offspring, we should never cease to pay the most devoted attention to the disorders of infancy.

Before speaking of the symptoms, a few words may be said on the predisposing and exciting causes of

Inflammation of the Brain.

Five points should be particularly noticed, as being peculiar to infancy and childhood. 1. The greater delicacy in the structure of the body, particularly of the skin and internal mucous membranes. 2. The greater sensibility and contractility, in consequence of which all stimulants and irritants act more powerfully. 3. The local irritation of dentition. 4. The greater size of the head in proportion to that of the body. 5. The less power in infancy of preserving the animal heat, and therefore the effects of depressants are greater than in adults. Too much or too little clothing is prejudicial, the one by rendering the body more easily influenced by cold, as a depressant; the other, by accumulating too much animal heat, and thus acting as a stimulant. Both these causes are liable, the first indirectly, and the second directly, to produce such an excitement in children as may terminate in inflammation of the brain. It is of much consequence to give tone to the skin by cold bathing, or by at first using a tepid bath, gradually lowered to 60°. It is a practice which should be generally observed in the management of children, for through it the surface nearly maintains the same quantity of blood under a low or variable temperature, and hence the central parts are saved from turgescence.

Irritants also produce a greater effect on the infantile body. The irritation of dentition, which is local in the first instance, often operates on the whole nervous system, so that excitement is produced which may lead to internal inflammation in the parts weak or predisposed. Heat, as I noticed before, is, when locally applied, an irritant, and so is cold. Irritation may be excited by them, and lead to similar results. A blister applied to the skin of an infant may produce fever on the same principle; even the simple operation of vaccination sometimes produces fever, especially if the infant be out of health at the time; and therefore, whenever you attempt to perform vaccination on an infant, see that all the various functions of the body are healthfully performed, by which you may infer the sound condition of all the structures. No disturbance of the health can exist unless there be a morbid state of one or more parts of the body. *General disturbance* is a very desultory and dangerous term.

Before you perform any operation on an infant, I repeat, you should remove the disordered state of the particular part or parts, for on that the general disturbance of the health will depend. The operation for the hare lip frequently proves fatal, from inattention to this circumstance, in children; never perform that operation at a very early age, and at no period unless the child be in perfect health; for the sensibility and contrac-

tility are so much increased when the health is disturbed, that fever is easily excited, and then the brain and mucous membranes are remarkably prone to inflammation. Irritation, again, may be produced by acid drinks and indigestible food acting on the lining of the stomach or intestines; and that irritation affecting the whole nervous system, the heart's action becomes quickened, the animal heat augmented on the skin, and inflammation of the brain may arise in the course of the fever. The drastic purgatives, which are too frequently prescribed, often create considerable irritation on the mucous membranes of the intestines. But the larger intestines sometimes become torpid, have not sufficient sensibility and contractility daily to deliver fully their contents, so that a large fœcal accumulation takes place in the colon, operating as an irritant; but probably some of it becomes absorbed, for the breath and the secretion of the skin are sometimes very much tainted with a fœcal odour, and therefore we might infer that even the blood itself was affected. The irritation may be, and frequently is, in the liver, or it may be in the bladder; if the urine be turbid, or retained in the bladder, it becomes an irritant, and operates on the whole of the nervous system in the way which I have before so often explained. The irritation may commence in the bronchial lining, a very common cause of leading to inflammation of the brain in infancy and childhood; for it gives rise not only to excitement, but to difficulty of breathing, both of which are apt to operate on the brain.

If you stand by a child when he coughs, and if you put your hand on the pulse, immediately after coughing, you will find that the heart's action will be increased ten or twenty strokes for a short time, augmenting the excitement every now and then. Besides, from the difficulty in transmitting the blood from the right side of the heart through the lungs the large veins become congested, and afford some mechanical impediment to the return of the blood from the head. The bronchial affection too operates in another way on the brain; there is some alteration in the quality of the blood, it is not decarbonized or oxygenated, and a blacker blood than natural at last circulates through the brain, and tends to oppress that organ almost like an opiate. Irritation, in a word, may arise in any part of the body either internally or externally, especially in infancy and childhood, and finally lead to inflammation of the brain in the manner already illustrated.

Interruptants may be considered as a cause of inflammation of the brain. The interruption before mentioned, from the bronchial affection, might have been dwelt upon as a most direct instance; and some think that enlarged glands in the course of the veins may also be another direct cause. A more indirect one, probably, sometimes occurs from congestion of the liver, which at last leading to hepatic or intestinal irritation, fever is the consequence; and inflammation of the brain or its membranes may occur. Were it not for the sympathy existing between the nervous and vascular systems, how could we account for an irritation set up in a distant part of the body acting on the brain? The pulse, during the first year, is somewhere about 120, in the second 110, or a little lower, and in the third year 100, or a little lower. If you find that the pulse is quicker at these periods, and the heat of the surface higher than natural, you should be very careful in examining whether the brain or any other part be inflamed.

Nature, however, appears to have made certain provisions which appear to diminish the tendency to inflammation of the brain, both in children and adults, but especially in the former, as its size and vascularity are greater. I might instance, 1st. The flexures of the carotid and vertebral arteries. 2d. The delicate mesh-work and dippings of the pia mater, which, receiving the blood before it enters the brain, and transmitting it thence in minute vessels, must contribute to diminish the force with which the blood is sent to the brain. 3d. The collision of currents, as it were, which exists through the circle of Willis, tends also to lessen the impetus of the blood transmitted to the brain. If we look at the venous circulation of the brain, we see similar provisions made against congestion, in the situation, structure,

and free communication of the sinusses, and likewise in the remarkable dilatation in one portion of the internal jugular vein. The brain of infants is much softer than the brain of adults, and in some respects bears more than the brain of adults. The brain of infants, for example, is frequently compressed so much during labour as to undergo then a striking change in its form. Blows, causing depression of the skull on the brain, are borne with less injury to its functions than in the brain of an adult.

The causes which I have named, as exciting inflammation of the brain in children, are applicable also to inflammation of the brain in adults; there are, you will recollect, common depressants, stimulants, irritants, and interruptants. But mental emotions, and the use of alcohol, are much concerned in the production of the cerebral affections of adults.

It ought, however, to have been mentioned before, that the tendency to this affection runs very often, in particular families, hereditarily. Whenever this is remarked, the regimenal management should be most assiduously conducted.

With respect to infants, I would say that, as far as prevention of the inflammation of the brain is concerned, there are four points to be attended to in particular. 1st. The *diet* is very important in infancy. Take care not to offend the stomach by any indigestible food, or acid drinks. I am perfectly convinced that many cases of inflammation of the mucous membranes of the stomach, bowels, and subsequently of the brain have been produced by these causes.

The *diet*, during dentition, should be most attentively regulated. For the first nine months, the mother's milk is the best; and, about the period of weaning, the diet should be thin, and gradually thickened afterwards. If the bowels be kept open, if there be a copious flow of saliva, and if the diet be rightly managed, the process of dentition will seldom produce any mischief. If, however, the gums should become red, swollen, and tense, and particularly if any degree of fever be present, they should be freely scarified; the lancet, in short, ought to grate against the teeth beneath. A lancial incision is the best for removing tension.

The 2d point to attend to, is the *state of the skin*. The skin is sometimes disordered either from inattention to cleanliness, or proper clothing. As the skin sympathizes with the internal mucous membranes, its healthy functions should be preserved by strict attention to cleanliness, and light warm clothing, with sponging, or the bath as before recommended.

The 3d point is *exercise*. You will never find children healthy unless they have plenty of exercise regularly in the open air. Children never look well in London, who are shut up in close crowded courts and alleys. But you may keep the health of children as good in London as in the country if you attend to their diet, clothing, exercise, and sleep. Children are commonly sent to school at too early an age, to keep them out of harm's way, as it is said. They are confined throughout the greatest part of the day on forms, in a close warm room, and what is the consequence? Their health suffers materially, they have not the usual flow of spirits or the energy of muscle which distinguish children who are differently treated. Again, in the manufacturing districts of this country the health of children is ruined by placing them in heated apartments or badly ventilated ones, where, being confined many hours every day, they soon acquire a sickly aspect. They are, too often, made slaves, to gratify the sensual appetites of their mercenary parents or task-masters. There are some very improper customs prevalent in large towns, one is keeping children up late at night, which leads me to observe, that the 4th point in the management of infancy and childhood, is to attend to *sleep*. For the first three or four years a child never ought to be allowed to remain up after 7 o'clock. If a child be kept up late, he becomes fretful and uneasy; the whole nervous system is in a state of irritation, and the vascular soon afterwards becomes excited. If an infant or a child sleep badly, you may be sure that all is not right. Those infants or children who naturally are restless at night, are the most prone to affections of the head. In

choosing a nurse, be sure that she has good sense and good nature, both of which are necessary in the nursery, where many little, though important, things arise constantly to require the exercise either of the one or the other. It is very imprudent to place children under the care of a cross-grained, ill-tempered nurse. God knows their troubles come soon enough in after life, and when young, their health requires that they should be made as happy as possible, for if their tempers be broken, the brain and other important parts are liable to be disordered. Having made these remarks, I shall now call your attention to

The Symptoms of Inflammation of the Brain in Children.

These will be easily recognised by a man who is a minute observer of Nature; but never by a superficial observer, or by one whose head is burthened by black-lettered books. In the investigation of the inflammation of the brain, or its membranes attend to the following points in infancy and childhood. 1. The state of the *external senses*. The upper eye-lid, for example, when the brain is acutely or sub-acutely inflamed, drops down, covering a larger portion of the globe of the eye than natural; the lucid cornea is more glassy or glairy than natural, and the conjunctiva generally more streaked or ferretty. The pupils are more contracted, or alternately dilate and contract with great rapidity, in the first stage. There is also in the eyes a mixed expression of intellectual dulness and of physical brightness. This appearance is so peculiar that I think I could at any time detect the presence of inflammation by it. Those persons who are much with children often notice minute changes in their countenances with great accuracy, and whenever you hear a mother say that there is something odd about the expression of her child's countenance, never disregard it, but make the most minute inquiries into the case. If the above expression exist, and if, while you stand about the cradle or cot, you hear every now and then a deep-drawn sigh, you may suspect that inflammation of the brain has taken place. In the first stage there is, mostly, intolerance of light evinced, and the hearing and touch are then preternaturally acute. You see a child lying in his cradle, or crib, you walk up to it hastily, so as to make a noise, or scratch the cradle, and he starts, as if he were alarmed, although the noise be but slight. The child is also fretful at this period, and cries on being touched. There is generally, however, a combination of fretfulness and heaviness in young children.

2. The state of the intellectual faculties. A child displays considerable development of intellect within the first three months after birth. The child knows not only how to express its wants in a few days, but when they are satisfied. It cries, for instance, in the absence of the nurse, but is pacified immediately she touches it with her hands, assured, from experience, that a supply of food will follow. Many other examples of a similar kind might be adduced. When the inflammation is going on in the substance of the brain, the intellect is soon and remarkably obscured; but when it is going on in the membranes only, the intellect is not so soon and remarkably disordered. In the former case, you find a child lying in bed, and the dulness of the countenance is particularly striking with the general oppression. The child grows gradually worse, the dulness becomes indifference, the indifference becomes stupor; the stupor becomes complete insensibility, and he dies speedily from effusion, unless promptly and properly managed.

The 3rd point to attend to is the *sleep*. In the first stage, the child, perhaps, falls asleep at some unusual hour; the breathing is unequal then, sometimes quick, sometimes slow; a hectic-like flush momentarily passes over the cheek, which as rapidly becomes unusually pale. But one of the most certain signs is, awaking out of sleep with a start, attended by an alarmed expression, sometimes with screaming, and a damp skin.

4. The stomach is irritable, or the bowels torpid. Inflammation of the brain is more frequently ushered in by retching and vomiting in children than adults. Be on your guard, therefore, whenever sickness occurs, and be sure to trace it to its true cause,

whether it arise from the brain, stomach, liver, or bowels; if it arise from inflammation in any of these quarters, it is vain to give effervescing draughts; you must remove it by removing its cause, which will be discovered by marking the combined symptoms. The stomach is less irritable when a bronchial affection coexists, probably because the sensibility is then lessened by the state of the blood.

5. The pulse is always quicker in the first stage of inflammation of the brain; often, but not always, slower in the second stage; and again it becomes very quick a little before death. The carotid arteries throb preternaturally in inflammation of the brain, as is evident if you expose the neck of the child in the first stage.

6. The heat of the head is always higher than other parts during the first stage.

The 7th circumstance to attend to in the first stage is, the respiration; it is quicker in the first stage, and becomes slower in the second; but the most characteristic symptom is, the occasional deep-drawn sigh in both stages.

8. The muscular system. The infant is restless in the first stage; he puts his hand often to his head, or claws with his fingers; or the fingers are drawn toward the palm; sometimes infants cling to the nurse unnaturally, evincing, as it were, a fear of falling. The child cannot hold up its head long, it lays it on the nurse's breast or on the pillow. In sleep it often bends it backwards much.

9. Speech. There is often a change in the pronunciation of certain letters in children affected by cerebral inflammation. My little boy had an attack. The first thing which attracted my attention was his not being able to pronounce the W as before. His skin became hot, his pulse quick, his eye bright, yet heavy, and convulsions rapidly supervened, a circumstance not uncommon in the most acute attacks of inflammation of the brain, occurring in such a full habit as his. He recovered by the means which shall be afterwards mentioned.

In the *second stage* you may notice the following effects:

1. Though in the first stage you may rouse the child, yet in the second he becomes more and more indifferent, and all those appearances present themselves which mark the diminished sensibility. The fontanelle frequently becomes raised then in an infant, which is a very dreadful symptom, when combined with indifference and stupor.

2. The eye also undergoes some change in the second stage; strabismus occurs, the pupil is more and more dilated, and at last immoveable.

3. There is often a slight paralysis of one of the upper eye-lids.

4. A peculiar swing or motion of one arm or leg of the child. I was called a considerable distance to see a child. I heard that it had been convulsed, and I observed that when the hand was raised to the mouth, the palm was turned upward just as the tip of the fingers reached the spoon placed there with some liquid. From these and other circumstances, I was convinced that effusion had taken place. If you see the child turn the palm of the hand outwards and pass it from his mouth across the cheek, when he wishes to force away something from his mouth, you must regard it as an unfavourable symptom.

5. The breathing becomes slower than natural, and is accompanied not only by sighing, but a peevish cry.

6. In the beginning of the second stage the pulse frequently becomes slower, and quicker again before death, as before noticed.

7. The tendency to convulsions. Though sometimes the disease is ushered in by them, yet they more frequently occur in the second stage, when effusion has taken place.

From what has been said, then, you may perceive, that the best mode of ascertaining affections of the head in infancy, is first to consider what are the indications of a healthy condition of the brain, and secondly to contrast the existing symptoms with them, that you may infer whether or not that organ be the seat of the disorder. In regard to the subject in question, it may be further observed, in summing up, that, first, the external senses are connected with the brain, especially those of sight, hearing, and

touch, and some or all of them are more or less remarkably affected. Secondly, the intellectual faculties are connected with the brain, and some of these too become disturbed; for if we investigate the character of the infant, we shall find some striking changes in its habits with respect to persons or things, or general conduct, so as to indicate some disturbance in the brain. Nay, the combination of heaviness and fretfulness, with the peculiar expression of the eyes are generally conclusive indications. 3dly, Sleep is connected with a certain state of the brain, so that when it is remarkably changed, we may suspect some mischief there, particularly if the infant awake in an agitated state, and have an alarmed expression afterwards, or if there be watchfulness or stupor with the other combined symptoms. The muscular power is connected with the brain, and when an infant cannot hold up its head as usual, or when it bends it backwards preternaturally in sleep; when its utterance becomes any way strikingly changed; when the bladder retains its contents shorter or longer than natural; when it lifts its hands often to the head; when it claws with its fingers; when the thumb is bent inward so that the hand becomes conical; when the eyelids drop; when one eyelid is palsied, and when twitchings or convulsions occur; when there is more or less motion on one side than the other, something wrong may be inferred within the head. Fourthly, the respiration is connected with the brain, so that when it becomes quicker or slower, and when at the same time there is a deep-drawn sigh occasionally, the attention should always be turned to the brain particularly. Fifthly, the stomach and intestines are associated in their functions with the brain, and when the former is unusually irritable, or the latter unusually torpid in infants, the most minute investigation should be made, in order to ascertain whether that irritability or torpor be dependent on some cerebral disturbance. Sixthly, you will recollect the accumulated heat about the hairy scalp, the distention of the carotid arteries, and the changes of the pulse. Lastly, it should be remembered, that inflammation of the brain may commence as a primary affection, or that it may follow, as a secondary one, any remote irritation, external or internal; and as the brain often becomes very severely affected during the fever which attends such irritations, especially those seated in the bronchial and intestinal lining, so the medical attendant should make daily inquiries to satisfy himself as to the condition of the brain. The primary or secondary attack of inflammation of the brain in infants or children is open or insidious, and nothing but great discrimination can detect the latter in time to arrest its progress. You will, therefore, see the necessity of taking the deepest interest in the investigation of this affection in infancy and childhood.

Though inflammation of the brain may be acute or sub-acute; though it may show itself openly, or it may steal on insidiously, yet the morbid anatomy is similar in both cases.

The Morbid Anatomy.

Of inflammation of the brain in infants, children, and adults. The dura mater will often be found more adherent than natural, and sometimes participates in the vestiges of inflammation. The arachnoid membrane is frequently opaque, milky, and thickened in parts; but I have never seen this appearance of the arachnoid, either in acute or subacute inflammation, in which the pia mater was not overloaded with blood. Generally some effusion of serum and lymph exists between the pia mater and arachnoid. The ventricles frequently contain much more fluid than is natural; and when that is the case, each choroid plexus has a blanched flabby appearance. Another circumstance, which you should recollect, is, that the ventricles are sometimes ruptured by removing the skull cap; and then the effusion, if any, escapes from the ventricle, a fact of which you should be aware in all examinations. Sometimes the ventricles are so distended that the convolutions of the brain are unfolded, the effusion, as it were, being confined in a bag before an opening be made. This expansion of the brain shows part of its anatomy, as GALL has so strikingly exemplified in his improved

method of dissecting that complicated organ.

When the substance of the brain itself has been inflamed, and when a large effusion has not taken place, it presents, on cutting, a number of very minute bloody points; and sometimes, in protracted cases, some portion of it is found pulpy, a certain sign of previous inflammation. Occasionally tumours are found in the cerebrum or cerebellum, or substances resembling strumous tubercles, and sometimes hydatids are attached to the choroid plexus. Always extend your morbid examinations to all parts of the body. On inspecting the surface, sometimes you will find enlarged glands, especially about the neck, and internally, too, as the bronchial and mesenteric glands. This most frequently occurs in children who had been sickly before the febrile attack. Very often the bronchial lining is found highly injected, also the mucous membrane of the ilium, the most common combination in examples of cerebral disorders in children. These observations having been thrown out, in my next Lecture I shall be able to explain the various causes of what has been called *water in the brain*, and shall likewise then advert to the treatment.

REVIEW.

A Letter to the Governors of the Middlesex Hospital, from the JUNIOR SURGEON. pp. 15.

[Concluded from p. 277.]

In our last Number we placed in possession of our readers the contents of this letter, upon which it now becomes our painful duty to animadvert.

"Fiat Justitia" ought to be, and is, the motto of a reviewer (at least we can answer for ourselves), and however ungracious it may appear, the interests of the public require that no feelings of private friendship should be allowed to bias us in the performance of so imperative and sacred a duty, or induce us to relinquish any part of our arduous labours. If we find Mr. BELL doing wrong, we shall tell him of his fault, that he may amend his ways and "sin no more;" and, as we have always done, so we shall continue to give publicity to any action or proceeding in which he may have been deserving of praise.

In the opening paragraph of the letter, he says—

"Some of the Governors of the Middlesex Hospital, who were active in my election, have continued to honour me so far as to consider me their representative to watch over the interests of the charity: it is to them I address this letter."

We have known Mr. BELL for some years, but cannot say much for his vigilance in this particular. To watch over the interests of the Charity, forsooth! To watch over *all* the interests of the Charity? Or does Mr. BELL mean the surgical interests, the state of the pupils' book, and the entrance fee of the student? In the name of our mutual friend, JOE BURNS, what *does* the man mean? If that the Governors have considered him their representative to watch over the medical interests of the Institution, he talks nonsense, and speaks of a subject he does not understand. If, on the other hand, the surgical interest, we would ask him, if he has not more anxiously watched over his *own* public and private interests, and, like other hospital surgeons, taken especial care to procure the fees of the pupils? The termination of the letter, or, what may be more properly called

the requiem of the Rodomontade, forms an admirable contrast to the commencement:

"I have endeavoured to do my duty to this Hospital in a quiet and unobtrusive manner, by application to individuals, and, having failed, I have been forced upon this method of addressing you."

So that those "individuals," those "Governors of the Hospital," who were "so active in his election," instead of "continuing to honour him as their representative," have violated all the rules of well constituted society, have frustrated the quiet and unobtrusive manner of his "application," have treated "their representative" with contempt, have actually refused all his applications with contumely—have forced him into "the present method of addressing them," put him to the expense and trouble of writing and publishing this letter, and perhaps, after all, do not consider him as "their Representative to watch over the interests of the Hospital."

Procul! Oh procul este profani!

Of course Mr. BELL does not think "of representing" such faithless hinds a moment longer.

Page 3d, he says—

"I deem it a great happiness to be still the Junior Surgeon of this house, and to have Seniors, whom, with all my attention, I have not been able to equal in attention to the Institution."

The position here assumed, or the eulogy intended his colleagues, is proper enough with regard to Mr. CARTWRIGHT, who is an excellent surgeon, and an honourable man; but of JOBERNS* we may say, in the emphatic language of the poet:

"Nil amat hicc' animus' nutrix, quod oportet amari,
In quo falsa tamen lateat pietatis imago;
——Heu! Heu!
Quid dicam."

We imagine Mr. BELL must have "dipped his pen in Lethe's stream," at the time he wrote the paragraph in question; must have forgotten all his former recollections,† and have been determined to obtain the support of his senior colleague, by abject flattery. But as we intend shortly to present to the Governors of the Hospital a few memoranda respecting the Senior Surgeon, we shall for the present let him go unscathed, and proceed with the letter.

A little farther on, the writer observes—"I must urge to you the necessity of giving us an experienced and efficient physician, and when you are aware of it you will rouse yourselves to the performance of an active duty;" which is indeed a pretty complimentary appeal to the understandings of the Governors—when they are *aware of "the necessity" of choosing an efficient physician*, it is most likely they will do so without consulting the *medical* sagacity of the Junior Surgeon.

But we hasten over the sequel, touching lightly on the matter before us.

* Synonyma—"Josephus Burns"—"Joe Burns," "Johnny, Joe Burns."—Manuscript of South Audley-street. Quod Mehercule vidi.

† Ah, Gintlemin! what has become of the hare-lip case? "A very neat operation that, *in skilful hands*." "A man may be Surgeon to a Hospital for 20 years, and yet be ignorant of the first *principles* of his *profession*."—C.B.

Without the broad basis of a liberal education, little can be attempted, and nothing safely performed. The man of experience, without this inestimable requisite, is but a mere empiric, and reasons from what he sees, without for a moment knowing or suspecting its proximate or occult cause. Such men are called experienced, who, doubting all the valuable discoveries of their predecessors, abandon all the useful directions to be obtained from the earlier writers, leave the books from which the sublimest truths of our art may be derived, from which even the moderns themselves can hardly derogate in practice with safety, to moulder upon their shelves, or, to be transferred to a book-stall; yet these men proudly arrogate to themselves the claims of experience, without having for one moment perhaps attempted to improve their judgment by the hardly acquired knowledge of their predecessors.

One or two, or ten accidental, or even marvellous cures, cannot deservedly confer upon a man the encomium of experience, or make him, although so constituted, more than a rash and dangerous empiric—a physician not to be employed for man or beast.

One man bleeds his patient, while another give him stimulants; one employs the warm bath, while his brother practitioner uses the cold, and yet all these men are experienced, each in his own way. But it is mortifying to think, and after mature reflection to be obliged to conclude, that many lives must be annually sacrificed to such presumptuous arrogance of experience. Experience, without the requisites pointed out, is of less use in medicine, than in the most mechanical of arts—is not only of no use whatever, but it is absolutely pernicious, inasmuch as it confers confidence, where caution is most required.

He goes on to say, page 4:

"As the Junior Surgeon, my duties connect me more immediately with the Junior Physician. I have already transacted the business of the hospital with four in succession."

Certes, and so it will always be; for as long as Mr. Bell remains a junior surgeon, so long must he be coupled with the junior physician. But we beg Mr. Bell not to misinterpret our meaning. It is high time that Mr. JOBERNS should resign his situation—his obstinate continuance at the hospital has caused the evil complained of, and his removal would confer a lasting benefit on the institution. Why he should continue to receive four hundred pounds a-year, for simply attaching his name to the certificates of the pupils, we cannot pretend to determine. But more of this anon.

Mr. Bell goes on to show, "in what cases the physician ought to join him in consultation," and produces three or four in the hospital to support his reasoning. The first is that of Sarah Hawkins,* admitted November 1st, under the

* This woman was sent to the hospital by Dr. Kerrison, having, as he said, a fracture of the cranium. There certainly was an ulcer of the scalp, with fever, great prostration of strength and coma. She died on the 19th November. On examining the head after death, no fracture was dis-

care of Mr. JOBERNS. To this woman *no physician was called*, although the "well-earned experience of Dr. SOUTHEY" would, if required, have been promptly afforded.

The next case is that of Sarah Stanton, admitted Oct. 12th, under the care of Mr. BELL, to which, likewise, no physician was called. The third case, that of the young woman in Northumberland Ward (Abigail Nathan), admitted Sept. 28th, under the care of Mr. Bell. This patient has been under the care of the "hole and corner surgeons" at the Borough Hospital, and, to the best of our knowledge and belief, no physician has ever been called to consult upon her case, since her arrival at the Middlesex.

The next case (M. A. Corker) with diastasis of the bones of the pelvis, produced by protracted instrumental labour, is purely surgical, and can be but little benefited by the attendance of a physician. This woman was for some time in Regent's Ward under the care of Dr. LATHAM, by whose judicious treatment her general health was considerably improved. She was removed to Northumberland, under the care of Mr. Bell, for the reasons above assigned.

In the last case (tetanus) cited by Mr. B. (William Waddington, Hertford Ward*), a Physician's attendance was requested, and he was visited by Dr. MACMICHAEL.

Now out of these five cases, a physician has only been called to one "to join in consultation," and as it requires "no exercise of fancy to point out the duties of a physician as it regards his own (Mr. B.'s) department," we humbly conceive that the cases here cited are "frivolous and vexatious." How Mr. Bell can excuse Joberns in neglecting to call a physician to Sarah Hawkins, we shall not attempt to conjecture. In the other cases, if Mr. Bell's unbiassed judgment, in the exercise of his hospital duties, did really require the assistance of "an enlightened physician," in God's name, why did he not procure it; but no; he does not need to exercise his fancy, till he can portray his images in the full noontide of public observation.

"Sum pius Æneas.
——— famâ super æthera notus."

Verily such extraordinary eagerness "to mingle with the world," does not in any way become the "Junior Surgeon."

In plain point of fact, we do not believe, that Mr. Bell has called a physician "to join in consultation" in more than eight or ten cases during the last two years.

Upon a review of the whole, we think Mr. Bell has acted extremely injudiciously in writing and publishing the letter before us. If the Governors of the Hospital had sufficient acumen and judgment to elect *him*, it is most likely they will not be deficient in filling up the present vacancy with propriety, and with perfect satisfaction to themselves. Besides, we con-

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covered—the vessels of the membranes of the brain, especially the veins, were found more than naturally turgid, but nothing else material was discovered.

* We shall insert this man's case in our next Number, and therefore need not dwell upon it at present.

sider it a breach of etiquette for one officer of an establishment to interfere in the choice of a colleague to act with him—for partiality, and private feelings and interests, will be sure to bias the judgments of some, at least, of those who may so interfere. In the present instance, there are no less than eight candidates, each, it is to be presumed, supported by some interest or other; but whether private feelings and interest have been brought to bear upon the introduction and support of some, or on the opposition or to the injury of others, is not at present a question for us to decide upon.

We therefore conclude by observing that although we have, in pursuance of our public duty, thought it necessary to censure Mr. Bell, we can assure him that we have done it "more in sorrow than in anger;" that we have always held his talents, as a surgeon, and anatomist, in high estimation; and that we shall ever be happy to acknowledge his eminence in these particulars.

We consider the interference of the College of Physicians to be highly culpable; and if, instead of writing such a letter as the present, Mr. Bell had produced one on the principle of non-interference, he would have had our most cordial support. If the whole of the production breathed the same sentiments as the following: "I wish the canvass to be open to men of talents:" if he had allowed the governors to decide for themselves upon the merits of the competitors, he would have spared us a most irksome and disagreeable duty.

FOREIGN DEPARTMENT.

ANALYSIS OF FOREIGN MEDICAL JOURNALS.

ARCHIVES GENERALES—OCT. 1824.

Several interesting papers are contained in the present Number of the Archives, of which we shall avail ourselves in this and the succeeding week. We may name, for example, "*The Chemical* examination of the Upas, or Java poison, by PELLETIER and CAVENTOU;" "A case of a Double Uterus and Vagina;" and "Observations on Phlegmasia Dolens, by M. VELPEAN;" with "Observations on the Obliteration of the Biliary Canals, and on the *Plica*, as it is found in different parts of the globe."

Cases of Obliteration of the Biliary Canals, collected from the wards of M. LERMINIER, *at the Hospital La Charité.* By M. ANDRAL, jun.

The complete, or incomplete, obliteration of mucous canals, whether temporary or permanent, has been referred to four principal causes. These are—1. The obstruction of their cavity by a foreign body. 2. Compression made on their sides by membranous frœna, or by tumours of different kinds. 3. A spasmodic contraction, independent of every kind of inflammation. 4. An inflammatory action, the result of which is thickening and condensation of the mucous membrane and of the surrounding tissues.

If we examine the influence of these different causes on the obliteration of the biliary canals, we shall see that the two first frequently produce it. That in the majority of cases, the third has been rather conjectured than proved; and that the fourth has, even to the present time, engaged but little the attention of practitioners. Authors, who have written on this subject, have adduced the last cause

more from *a priori* reasoning, than by an appeal to anatomical inspection.

It is to supply this deficiency that we publish the following observations. Many cases of jaundice, usually attributed to spasm of the biliary canals, appear to us rather referable to an inflammation, more or less intense, of the mucous membrane of these passages, from which has arisen the thickening of the membrane and the closure, more or less complete, of the canal. This is what is observable in all canals attacked by inflammation, a diminution of their calibre. This obstruction, however, may only be temporary, if the thickening of the membrane which caused it be speedily removed. It may be continued, and become even permanent, in cases where the inflammation has passed into the chronic form.

CASE I.

Jaundice, with pain and swelling in the right hypochondrium; obliteration of the ductus communis choledochus; rupture of the hepatic duct; peritonitis.

A shoemaker, aged 35, came into La Charité, on the 8th of Nov. 1821. Six days before, he had indulged in excess of eating, and was seized with a very violent pain on the right side of the epigastrium and a little below the edges of the ribs. The day following, he perceived that he was yellow. On the 9th of November, the seventh day of the disease, he presented the following appearance: a yellow tint of the conjunctiva and of all the surface of the skin; an obtuse pain in the right hypochondrium; just below the anterior extremity of the eleventh rib, a pyriform tumour was discovered, indolent, and moveable under the finger, the larger curvature of which passed a little beyond the level of the umbilicus, whilst the smaller was gradually lost behind the ribs. The tongue is natural, thirst not great, the appetite gone, and the stools scanty and colourless; the pulse is frequent, and the skin hot and dry. We considered the tumour in the hypochondrium, produced by the gall bladder, filled with bile. *Leeches were applied to the anus; whey, with acetate of potash, and low diet.*

Four days after the tumour had increased, but no other change had taken place. On the 13th of November, the eleventh day from the commencement of the pain in the hypochondrium, the patient was suddenly seized with the most violent pain, which leaving the region of the liver, extended itself over the whole abdomen. When we saw the patient on the following morning the pain continued, extremely acute, increased by the gentlest pressure, sufficiently indicating that it was owing to peritoneal inflammation. At the same time, the countenance was pale, distorted, and expressed the greatest anxiety. The pulse small and very frequent; extremities cold. *Two blisters to the legs, twenty leeches to the abdomen.* In the afternoon he died.

Dissection.

The cavity of the peritoneum was filled with a purulent liquid, having a yellowish tint, but it became much more yellow on the right side. The internal surface of the duodenum presented an intense red colour. The point at which the biliary duct opens, and which cannot generally be found without some search, was marked by a little rounded tumour, pierced in its centre by a capillary orifice; the tumour was a little more than a line (one-twelfth of an inch) in diameter, and raised above the level of the intestine about three lines. A very fine probe was introduced at the opening, but it was with great difficulty that any passage could be found, yet by pushing it with some force it appeared to overcome the resistance, and passed into the biliary canal; it was carried on, but with some resistance, as if the whole course of the canal had been closed, and the probe had forced it open. Being cut into in different directions, the ductus communis choledochus appeared to have scarcely any cavity left; its sides were very much thickened and were easily torn; on the other hand, the hepatic and cystic ducts presented a remarkable increase of size, as if they had formed a second gall bladder. A little before the junction of the two canals, an irregular opening was found in the hepatic duct, large enough to

admit a small pea. The texture of the parietes of the other parts of the canal did not appear altered. The cause of the peritonitis was very obvious. The structure of the liver presented nothing remarkable. There were a few red patches in the mucous membrane of the stomach, but the other parts of the alimentary canal, excepting those which have been before mentioned were perfectly healthy.

M. ANDRAL, in his remarks on this case, observes, that there can be no doubt but that the inflammation from the mucous membrane of the duodenum extended itself to the biliary duct, just as inflammation of the conjunctiva extends to the lachrymal passages. He observes, that the hepatic and cystic ducts were not involved in the inflammation, but that it appeared to terminate rather abruptly at the junction of the tubes with the ductus communis choledochus. But that this sudden termination of inflammation on the mucous membranes is not very rare, for he has often observed it when the mucous membrane of the stomach has been inflamed. No remarks are made by him on the treatment, we suppose out of respect to M. LERMINIER, but heaven defend us from such a meagre insignificant practice as sticking a few leeches to the anus, when, from the acknowledgment of M. ANDRAL himself, it appears that the mucous membrane of the duodenum was inflamed, intensely inflamed, and that it was merely from the extension of it to the common hepatic ducts that all this mischief resulted. There must certainly have existed many decisive symptoms of such an inflammation, which demanded a more active and scientific treatment.

CASE II.

Jaundice, with swelling and pain in the right hypochondrium, cured.

A man, aged 30, had for two days a very severe pain in the right hypochondrium, after which he became yellow. It was sometime in the course of the summer of 1821 that he came into La Charité. The jaundice and the pain in the hypochondrium remained. Immediately below the cartilaginous edges of the ribs, and a little to the inner side of a line drawn from the anterior superior spinous process of the ilium, a pyriform tumour was felt, which was moveable, and extended for about the breadth of two fingers beyond the edges of the ribs, behind which it extended itself. This tumour appeared to us to be produced by the distention of the gall bladder. The pulse was frequent, the skin hot, and the constipation obstinate. Ordered, *twenty leeches to the anus; pearl barley water; an injection; and the warm bath.*

From the day following, the fever decreased, and in three days the tumour began to diminish; it has since disappeared, as well as the pain. The jaundice subsided, and the patient got rapidly well. M. A. imagines, from the suddenness of the attack and the other symptoms, as the tumour in the hypochondrium and the attendant fever, that the causes of the jaundice were in this and in the former case alike, and that in this case the patient owed his safety to the prompt antiphlogistic measures which were pursued. That the causes were the same is doubtful, but that the practice, admitting that they were so, was by far more efficient must be allowed. M.A. next cites some cases in which the inflammation had passed into a chronic state and occasioned a permanent obliteration.

CASE III.

Jaundice of many months' continuance; obliteration of the ductus communis choledochus, and of the cystic duct; rupture of the gall bladder; subacute peritonitis.

A robust man from Halle, aged 64, came into La Charité, in the latter part of the month of December 1821. About three months before this time he had been seized, without any known cause, with a bilious vomiting, which continued for several days. This ceased spontaneously, but was succeeded by a very violent diarrhœa, which very much exhausted the patient. Towards the middle of the month of September, the purging diminished, but the strength was not restored; the appetite almost entirely gone, and the food digested with difficulty. He perceived that his eyes and skin became yellow, and he says, that he lost strength every day, yet he

continued to walk about to within a week before he came into the hospital, when he presented the following appearance:

The skin was of a yellow tint, inclining a little to green; the emaciation was considerable; anorexia; but the little food which was taken produced a feeling of pressure and heat in the epigastrium, which continued for several hours. The stools were scanty and of a greyish ash colour. No tumour could be found in the abdomen, when examined with the greatest care. The pulse not frequent in the morning or during the day, but accelerated a little towards evening. Leeches applied to the epigastrium did not render the digestion better; a blister applied afterwards appeared to be more useful. He was allowed milk and some slight broths; but the improvement was very little, and he took *whey*, with an addition of *cream of tartar* and *pills of calomel and soap*.

In the morning, whilst at stool, the patient felt, all of a sudden, as if there were *a tearing* (this was his expression) in the right hypochondrium. Some minutes after, a violent pain was felt in the right side, and afterwards extended itself throughout the whole abdomen. On the day following, when we saw him, he had all the symptoms of acute peritonitis. The sudden manner in which it appeared, accompanied with the sensation of tearing, as the patient described, induced us to think that the peritonitis was owing to a perforation of the intestinal canal. *Thirty leeches were applied to the abdomen.* The patient sunk rapidly during the day, and died in the night.

Dissection.

The marks of a most intense peritoneal inflammation were found, and a large quantity of a dirty grey fluid. The gall bladder, near its larger extremity, had given way, and an opening about the size of a sixpence was made. The cystic duct was obliterated, and the ductus communis would not admit of the introduction of the finest probe. This obliteration was the result of a considerable thickening of the sides of the canals. The hepatic canal, on the contrary, was dilated and filled with small gall stones. The obliteration of the biliary canals in this case, as in the former, may be attributed to inflammation extending from the surface of the duodenum. The inflammation assumed a chronic character, and after many months' duration, the ducts became completely obstructed, causing, ultimately, the gall bladder to give way from distention.

CASE IV.

An old case of Jaundice, combined with ascites; obliteration of the ductus communis and ductus cysticus; wasting of the liver.

A man, aged 50, came into La Charité, in the beginning of Dec. 1820. Seven months before he was affected with jaundice, but he assured me that he had never felt any pain in any part of his abdomen. About three months since his belly began to swell. When the patient came under our notice all his skin and the conjunctiva had a yellow appearance inclining to green. The belly was much distended, and the lower extremities were slightly œdematous. His appetite was habitually bad, and the constipation obstinate. The stools were almost without colour; the urine abundant and of a greenish yellow. We thought the dropsy might be referred distinctly to the affection of the liver. Ordered *diuretic drinks, pills of calomel and soap, frictions on the extremities with the tincture of digitalis.*

For the ten or twelve following days, the state of the patient did not alter much. The expression of the countenance became very much altered; he died suddenly. The cavity of the peritoneum was filled with a serous fluid of a lemon colour, but the membrane did not present the least trace of inflammation. The liver is remarkable for its small size; it is, as it were, very much shrivelled, and is of a greyish colour. The principal branches of the hepatic tubes, which go to form the hepatic duct, as well as the duct itself, were considerably dilated and filled with a yellow grumous matter, such as is obtained by precipitating the bile by nitric acid. The cystic duct, and the ductus communis, were converted into a ligamentous cord, and you could not, by the most attentive dissection, prove it possessed any cavity. The gall bladder was contracted and moulded on a

hard irregular concretion; neither the brain, nor the thoracic viscera, presented any thing that could be said to account for the suddenness of the patient's death. From the facts detailed in this paper, M. ANDRAL has drawn the following conclusions:

1. That many cases of jaundice, generally attributed to a spasm of the biliary canals, are the result of an inflammatory thickening of these canals.

2. That the inflammatory thickening of the biliary canals are often consecutive to a gastro-intestinal inflammation.

3. The inflammatory swelling of the biliary canals may be only as temporary as the inflammation which produced it. If this should continue, the obliteration may become permanent by the thickening of the sides of the canal, and lastly, by its transformation into a ligamentous cord.

4. The obliteration of the biliary canals may be general or partial. We may conceive, in this case, the possibility of a great many varieties of jaundice, which further observations can only correctly determine. The ducts, being obstructed at their entrance into the duodenum, may become distended above, and ultimately burst; or the cystic duct, with the common duct, may be converted into a ligamentous cord by the continuance of the chronic inflammation.

These cases are interesting, in as much as they show the attention which the French pathologists pay to morbid anatomy, but the advantages which they might derive in their treatment, from such researches, appear, by them, never to be considered of much importance.

Recent Observations on the PLICA *of different countries.* By J. J. VIREY, M.D. (Read at the Royal Academy of Medicine, Sept. 7th, 1824.)

Every one knows that the *plica*, or that entangling and excessive elongation of the hair of the head, or of the hair on other parts of the body, was for a long time considered as a peculiar disease, and was attributed to a specific virus, which was called *trichomatique*. This opinion, supported by STAHL, FIDER, RICHTER, &c., has been also professed by certain modern physicians, as by LAFONTAINE, ALIBERT, KUSTER, FRANK, and WOOLFRAMM. Many others again have placed this disease amongst the most destructive to the human race after syphilis. It has appeared to others to be contagious and epidemic. It appears, however, to have been first brought into Poland by the Mongol Tartars, about the close of the thirteenth century. It has been only a few years since that the opinion has been renewed, before suggested by DAVIDSON in the seventeenth century, that plica was only the result of improper treatment and negligence.

MM. MOYER, LARREY, and WOLFF, have clearly shown, that the hair being covered with thick bonnets of skin, as is the case among the people of the North, principally produced that frizzled state of the hair, from the great accumulation of heat. Again, there is the perspiration, and every species of filth, thrown off from the epidermis, which, accumulating by negligence, so binds the hair together, that, as it grows, it becomes twisted, and forms a thick greasy mass, which increases itself enormously.

The plica appears to be a disease which the barbers may cure. According to the spirited remark of M. DES GENETTES, it seldom attacks any other than the most filthy, negligent, and miserable individuals. The frequent use of the vapour bath amongst the Russians makes this pretended disease disappear.

It is not only in cold countries, as was formerly thought, that plica shows itself, but it has been observed in France and Italy, and is even common in tropical climates and among different tribes inhabiting these regions.

Lastly, the hair grows the longest, and plica appears in its most perfect form, in the Fakyrs of the East Indies. DILLON remarked this in the seventeenth century, but his account was not much attended to until it was confirmed by more modern travellers.

These facts show that plica, throughout the globe, is only the result of negligence and inattention, aided by the heat, the accumulation of sweat, &c. It is of use also to recollect, that

there are many other diseases of the skin, in different countries, which may be solely attributed to want of cleanliness and attention.

On the employment of Iodine in chronic Enlargements of the Testicle.

At the sitting of the Royal Academy of Medicine, on the 28th of September, M. ROCHOUX read a paper from M. EUSEBIUS DE SALLE, relative to the use of iodine in chronic inflammations of the testicle. The treatment consisted in rubbing the ointment of the *hydriodate of potass* on the testicle, and at the same time giving the tincture of iodine internally. By the combination of these measures he has dispersed many chronic swellings of this part.

Rupture of the Splenic Vein, from a kick on the belly.

M. DEGUISE, sen. related a very brief history of an individual, who died in a month after he had received a violent kick on the left side of his abdomen; and who latterly presented all the symptoms of peritonitis. On inspection of the body they found general inflammation of the peritoneum, with an effusion of blood: the splenic vein was found completely ruptured.

SURGICAL STUDENTS AND THE MATERIA MEDICA.

To the Editor of THE LANCET.

SIR,—I am one of those who think THE LANCET has been productive of much good to the medical profession in general, and to the chirurgical part of it in particular, inasmuch as it has been the means of producing a reformation of many of the abuses which had so long existed, and of exciting the teachers of medicine and surgery to an increased attention to the interest of their pupils; and I trust it will still continue to pursue the same upright and independent course which has hitherto distinguished, and expose *humbug* wherever it is to be found.

I was much edified, Mr. Editor, by reading the various introductory lectures on the principles and practice of Surgery, with which the pages of your last Number were filled, and was highly amused with the *sly hits* which Mr. Abernethy, and those minor aspirants for fame, Messrs. Brodie, Guthrie, Headington, and Green, aimed, from time to time, at the Practice of Physic and the College of Physicians; they all appear though to agree with Mr. Abernethy, that a man cannot become a good surgeon without a knowledge of physic. As Mr. Abernethy has condescended to admit thus much, I should like to ask him, as one of the members of the Court of Examiners of that august body, the College of Surgeons, how it happens that that sapient conclave, amongst their regulations for the course of surgical study, necessary for the student to pursue prior to his presenting himself for examination, have omitted to require any proof of attendance on those two branches of medical science namely, Materia Medica and the Practice of Physic, a knowledge of which they hold of so much importance, as to be a *sine qud non* in the attainments of a scientific surgeon. I have examined, most carefully, the regulations of the College of Surgeons, and I assert, that the words Materia Medica, and Practice of Physic, are not to be found among these wise and most liberal enactments. How then, I would ask Mr. Abernethy, can he conscientiously affix his signature to the diploma of a young man, as purporting to the world that he has been found duly competent to exercise the art and science of surgery, when he has not the slightest proof of his having dedicated even an hour to the acquirement of those branches of science *without* a knowledge of which, Mr. Abernethy declares, he *cannot* be competent? Does Mr. Abernethy believe, that a knowledge of materia medica, and the practice of physic, will be acquired during a three years' attendance on the anatomical lectures? or does he conceive that the student will attain to the knowledge of the difference between antimony and calomel, or the distinction between idiopathic and symptomatic fever, by a six months' attendance on the lecturer

on surgery? nay, further, Sir, I would ask Mr. Abernethy, whether a man might not spend half a century in the dissecting room, and still be ignorant of materia medica and the practice of physic? Think not, Sir, that I would endeavour to undervalue the time that is dedicated to this branch of medical knowledge,—I mean Anatomy. I know it to be the basis of all medical science; but being a mortal enemy to every species of quackery and humbug, I merely wish to point out the great discrepancy between the opinions of the teachers of surgery and their enactments, when they assume the legislative character. I must, however, in justice to the Court of Examiners of the College of Surgeons, admit, that I do not believe that they are unanimous in the opinion, that *it* is necessary for a good surgeon to be acquainted with materia medica and the practice of physic, for I am informed, that the most distinguished surgeon of that court (late a lecturer on surgery) has been frequently heard to exclaim to his class, during his lecture, "Thank God, gentlemen, I know nothing of medicine!" And yet, notwithstanding this boasted ignorance, it is a curious anomaly, that that eminent surgeon has been known to have prescribed *more medicine*, during a practice of between thirty and forty years, than almost any six physicians in the metropolis during the same period! whether with greater advantage to himself than to his patients I will not now stop to inquire.

No one, Mr. Editor, entertains a more profound respect for the College of Surgeons than myself, and I am ready to admit, that the present race are worthy representatives of those fathers of their science, Machaon and Podalirius, the latter of whom, by the by, did not probably hold the study of medicine in utter contempt, as he is reported to have cured the daughter of the king of Caria of the falling sickness.

My object, Mr. Editor, in addressing this letter to the public through your journal, is to show, that if Mr. Abernethy be really *sincere* in his declaration, "that a knowledge of materia medica and the practice of physic is so important to the formation of a good surgeon," that at least he, as well as the other members of the Court of Examiners, are not acting with justice to the public, when they testify to the fitness of an individual to practise as a surgeon, without having demanded any proofs of his proficiency in these branches of medical science.

I cannot, Sir, close this subject, without first hinting to the students, who are, at this period of the year, assembled at the various medical and anatomical schools, for the purpose of commencing their medical and surgical studies, that however fascinating it may appear to acquire a dexterity in passing a needle under the subclavian, or internal iliac arteries, or correctly to distinguish the different fasciæ in hernia (operations which few, very few, will ever be called on to perform in their private practice hereafter); yet, as more than nine-tenths of the students are designed for what are termed "general practitioners," they will find that, when they come to practise their profession, they will meet with at least one hundred medical cases for one that is purely surgical, and that they *must* make one hundred pounds by the practice of physic for every pound that they will get by surgery, or they will starve. Surely then they cannot think a portion of their time *very ill* bestowed in the endeavour to acquire some little knowledge of that branch of their profession by the exercise of which they must eventually look to procure a subsistence; and they may rely on it, that a knowledge of materia medica, with a close attention to *medical practice*, will save them from very unpleasant feelings and retrospections hereafter, however much the *pure* surgeon may affect to deride it is an unnecessary waste of time.

I have to apologize, Mr. Editor, for having taken up so much of your valuable journal, and for the present will take my leave, with the intention of resuming this important subject at some early future period, should you think this worth an insertion.

I am, Mr. Editor,

Your very humble servant,

Oct. 11th, 1824. JUSTUS.

MR. GREEN AND THE ANATOMICAL STUDENTS.

To the Editor of THE LANCET.

Permit me, Sir, through the medium of your publication, to express the sentiments of myself and fellow-students on Mr. Green's conduct to us. That the affair may be intelligible to your readers, I will state, that it has been the custom for many years, in the Borough, to pay a certain sum for dissections and demonstrations independently of that for the anatomical lectures, and for which we had demonstrations, the use of the dissecting rooms, and subjects furnished to us at 4*l.* 4*s.* Last season there was great difficulty in getting subjects, from the exorbitant demands of the resurrection men; Mr. Green being obliged to pay from six to twelve guineas for the bodies he was retailing to us at 4*l.* 4*s.* Mr. G. stated to the students, that he had a plan in contemplation, by which they would be well supplied with subjects; but during that season it was not put in execution, and there remained great difficulty in procuring bodies. At the commencement of this season, the plan was hinted at, and the former statement repeated, Mr. G. explaining that the ten guineas would not be expected from the new students, but an increase in the price of subjects would be made; after a few days we hear of a committee of the old students being formed to get subjects by a plan peculiar to themselves; but to carry this into execution it is necessary to have funds, an appeal is made to the class, many of the new students subscribe a guinea to secure the advantages to be derived from the plan, as they are given to understand that it is sanctioned by Sir Astley Cooper and Mr. Green, and that the committee act under the latter gentleman's advice, but those students who have paid ten guineas for dissections, *many having dissected very little, and some not at all, inquire,* has not Mr. Green displayed a good deal of chicanery in the affair? Shall we give another guinea to assist the speculations of Mr. Green and a committee?

Now, Sir, I will ask you a few questions: Is it likely that there ever was a plan in contemplation, but that there was merely a statement of this sort made to appease the students, who, at the time the statement was first made, had little or nothing to occupy them, from the mismanagement in getting subjects; for if it ever were in contemplation, how is it that it has not been matured before the October of the next season? Is it just that when an agreement is made, on paying a certain sum to furnish bodies at a certain price, that that compact should be broken, not distinguishing between those students who have dissected much, little, or not at all? Is Mr. Green's proposal, that those students who are first on the list for subjects shall have the first refusal, and so with the rest in succession, likely to remove the evil of extortion? Will it not debase the young men by obliging them to barter and associate with the greatest blackguards on earth? Will they not ask a sum, high or low, as the subject may be good or bad? Will they not ask a price, when they know there are three or four sets of students to be supplied, which being refused by the first set, they hear what the next two will give; when if the first has offered the highest price, that set will have it brought back again to them? Is it not from withdrawing proper protection from these men, that they refuse to bring subjects to this school, while another in the neighbourhood is plentifully supplied? Is it candid in Mr. Green to state that he has a plan, and then to get a few of the students to say, that they have one, when it is evident that the two are the same, merely thrusting them forwards that, if it fail, the onus may be on their shoulders, and to draw a guinea from the pockets of the students for the furtherance of his plan? I think, Sir, I have occupied your time too long; much more might be said, much more deceit exposed, but I shall conclude by saying, that I think Mr. Green's conduct to be sordid and ungentlemanly, and that the upright behaviour that a surgeon filling two public situations ought to pursue, which Mr. Green can very well teach, has been much departed from on this occasion. This may meet Mr. Green's eye; if so, he will learn the sentiments of the old students.

AN OLD BOROUGH STUDENT.

ANATOMY AND BODY-SNATCHING.

To the Editor of THE LANCET.

"Multum proderunt ad intelligendas morborum causas cadaverum sectiones."
Van Swieten.

SIR,—As the propriety *resurgendi mortuos* has now become a matter of more general discussion, and observing that those who are engaged in that practice, are distinguished by the epithet "wretches," or some such polite term, I therefore beg leave to offer a few remarks on that head, through the medium of your valuable Journal (*audi alteram partem*). I am not actuated by sinister, or partial motives; but am desirous of engaging the attention of the reflecting part of the public to a subject which has of late so unjustly and severely suffered from prejudice and ignorance. It is, if I mistake not, our national boast, that whatever tends to improvement in the arts and sciences, is, by all, looked upon, not only as a matter of high importance to the nation, but also as one of general utility. If, therefore, it were deemed requisite to display the merits of any of these singly, I think that of Anatomy will be found to demand our first consideration. Numerous are the instances in which parents and friends have discovered that all that was dear to them on earth had been removed from their last abode for the purposes of the anatomist, and which, consequently, to them cannot but have been productive of the most poignant grief. This is truly pitiable: but how is it made known to them? How do they become acquainted with it? Is it from personal surveillance? Certainly not. The information is generally found to emanate from those wretches, whose hearts are equally callous to the effects of affliction and compassion; for it cannot, for one moment, be supposed that they themselves would perform that office. Is not the domestic affliction sufficient, without seeking it at the tomb of our departed friends?

What can be more inconsiderate and unfeeling than to awaken those unhappy reflections which have but so lately been pacified by consolation? Is not the mind, by such disclosure, rendered disconsolate: and are not the thoughts for ever open to wild conjecture? None but a brute would be guilty of such unworthy and base conduct. We all know that anatomy must be studied, and we are equally aware of the necessary means which are required. How would our laborious and accurate countryman, Harvey, have discovered the circulation of the blood but for anatomy? or whenever should we have boasted of the illustrious and immortal Hunter, had he not been deeply and intimately skilled in anatomy? The discoveries of these great men (*qui semper reminiscantur*), and those which have since been made by anatomists, have reduced the practice of surgery, as well as physic, to fixed and rational principles; and it must be acknowledged that a surgeon is much better fitted to perform operations when, from previous anatomical knowledge, he can precisely account for the consequences of them. From the beneficial effects of dissection, no reflecting mind will admit but that the present knowledge of surgery is far superior to that of the ancients. The human body being the subject of the surgeon's operations, how will he be able to perform them with success, or any degree of confidence, if he be ignorant of the construction of the machine on which he is to work? A complete and thorough knowledge of anatomy is absolutely necessary; the means of obtaining which must be pursued with our own hands. The present subject may, by some, be thought inapplicable, as far as regards a public journal; but if anatomy is so openly, and, I must say, illiberally opposed by them, surely the same channel is the most direct means by which it is to be vindicated. If the public periodicals were not so virulent in their attacks upon anatomy, the present prejudice would be, as it were, but visionary. Let but the gentleman and the scholar refer to the medical works of the day, and I am fully persuaded they will acknowledge the futility and impropriety of such opposition. I have patiently and anxiously waited to find what arguments or reasonable objections could be urged against anatomy; but I have waited in vain: the truth is, there exists no argument that can weigh against it. The necessity and paramount importance of the investigation of disease is such as to render it self-evident. The most general objection is, that as ana-

tonical investigations have already been numerous, consequently a further continuance of them would be unnecessary. This is truly preposterous! How futile! Those who hold such an opinion are indeed of the ignoramus class; they are "worse than senseless things." Mere oral instruction is not sufficient; the young surgeon may attend the most ingenious and instructive lectures on anatomy without being fitted for the exercise of his profession. Where is the specific for consumption? or for many other diseases incidental to the human frame, and which, as yet, evade all the skill and ingenuity of the physician? and how are such objects ever to be surmounted without minute anatomical investigation? and where I would ask, is the person who would not wish to avail himself of the benefit of medicine when on the bed of sickness? and how has that benefit been acquired, but by the observations in dissection? If any proof were wanting as to the further necessity of dissection, it would be fully exemplified in the ardour with which the members of the medical profession themselves continue their zealous endeavours in anatomy, for the improvement of the science; from which, in many cases, serious and fatal consequences have been the result. England has been ever considered the nursery of the sciences, and with reason. I glory in the name of Briton, and shall ever be ready, with heart and hand, to support my country. Our Government have ever directed their views to that which might be most conducive to the welfare and prosperity of the people; but in this instance, I shame to confess, France, our eternal and natural rival, is most justly distinguished for the facility which her government affords to the inquiring student in anatomy; and on that account alone, can they boast of having produced more celebrated physiologists of the present day than we are capable of opposing to them; and if our government would turn their attention to the cause of this superiority of the French over us, the opprobrium would not exist. I fear you will have thought me somewhat prolix; I have been more so than I expected; but necessity demands that I should be so. It is well known that subjects for *post mortem* examination, are produced at present under imminent hazard; and if some relief be not afforded, what is more, they will be so in future. The question now, therefore, is whether anatomy shall meet with its deserving support, and by that means, progressively advance for the benefit and happiness of mankind; or whether, on the contrary, it shall retrograde; the evil and unfortunate consequences of which will be unquestionably made manifest.

J. H. B.

POPLITEAL ANEURISM.

To the Editor of THE LANCET.

Plymouth, Nov. 8th, 1824.

SIR,—As your widely diffused publication professes to afford a weekly account of such accidents and operations as present themselves in the Metropolitan Hospitals, and as such details become interesting to practitioners in the country, and may have an influence in determining the course to be pursued by them, in a curative way, on the occurrence of similar cases, I have to request that you will give publicity to a few thoughts which have arisen out of the consideration of a case of *diffused popliteal aneurism* treated by the Hunterian method of ligature in one of the Borough Hospitals. The result of the case has been unfortunate, and the impression on my mind at the time that I read the first notice of it was, that it would be so. It is not my desire to impute blame to the individual who operated on that occasion, but to call the attention of Surgeons to a point of considerable importance, in a practical view, in reference to the treatment of such cases in future.

One of a similar nature which fell under the observation of the Surgeons of a public charity in this town a few years since occurs to my recollection. The tumour was of considerable size and without pulsation. No accurate account of its early history could be obtained, and it appeared probable to some, that its contents were purulent. It was conjectured by others, that

blood would be found. A consultation decided that a small valvular opening should be made with a lancet; and if discovered to be aneurismal, that the femoral artery should be tied about the middle of the thigh. The lancet was followed by the escape of blood; the aperture was carefully closed with adhesive plaster, and the artery immediately sought for and secured. The tumour, on the following day, was unreduced in size, and felt as tense as before the operation. A slight hæmorrhage, notwithstanding the presence of well-applied adhesive straps, showed itself, and increased, during the night, to an alarming degree. Renewed efforts were made to restrain it, but without effect; and as the patient's strength was beginning to sink, the only effectual means of saving his life, was resorted to—that of amputating the limb.

The circumstances which presented themselves during the progress of a case, so full of interest, produced a deep impression on my mind, and the conclusion I came to was, that in all cases of diffused aneurism, nothing short of amputation would succeed in preserving life; and the result of the case which has given rise to this communication will, I feel assured, be a useful lesson to us all. If amputation in the Borough Hospital case had been resorted to in the first place, there is reason to think that the individual's life would have been spared; but where a diffusion of blood has taken place to a great degree, in consequence of the bursting of the aneurismal tumour exerting an injurious influence on the veins and lymphatics of the limb by its pressure, and where recurrent blood so soon finds its way through the articular arteries of the knee into the popliteal, we are not to expect a cure by absorption, in the same manner as if the original aneurismal tumour had been entire.

The generality of surgeons are aware that a true popliteal aneurism does not attain a considerable size, and that a pulsation may be distinctly felt *while it is entire*, but when its character is altered, by bursting and becoming inflamed, the pulsatory feel ceases.

In both cases a laudable attempt was made to save the limb. The result in one, after many difficulties, was successful amputation; in the other, death.

To fix in the minds of surgeons a point of practice of considerable importance, and to excite in those who are educating youth a desire to employ the most judicious means for the relief of their patients, are the objects which have influenced me in addressing you. It is by a candid avowal of error that the practice of surgery is improved; and in a profession so truly useful and honourable, the most beneficial results will be found to flow from a more frequent communication of unsuccessful cases. The diffusion of surgical knowledge through so many periodical channels, has a considerable influence in establishing the best modes of practice among British surgeons, and the profession must feel highly indebted to those who labour in so ample a field of usefulness.

I am, Sir,

Yours, &c.

CHIRURGUS.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

Tuesday, 16. Mr. WHITE operated upon Robert Twiney, for retention of urine; the history of the case is as follows:

On the evening of Sunday last, the patient (who is about 28 years of age) found that he was unable to evacuate his urine, although he felt an inclination to do so; this inability continued, and from the pain he felt, he was induced yesterday morning to apply to the Hospital for relief. On trials being made to pass a catheter or bougie, it was found impracticable, all attempts of the kind having failed, and every other means for discharging the contents of the bladder being ineffectual, it was determined to make an opening into that viscus, in order to save the life of the patient.

Mr. WHITE operated through the perinæum, in the same manner as in the lateral operation for stone, and the water being let out, the patient

became composed and comparatively easy.

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Apothecaries' Hall,
22d Nov. 1824.

Printed and Published by G. L. Hutchinson, at THE LANCET Office, 210, Strand, London; where all Communications to the Editor are requested to be addressed (post-paid). This work is published at an early hour every Saturday morning, and sold by all Booksellers in the United Kingdom.

have discovered that all that was dear to them on earth had been removed from their last abode for the purposes of the anatomist, and which, consequently, to them cannot but have been productive of the most poignant grief. This is truly pitiable: but how is it made known to them? How do they become acquainted with it? Is it from personal surveillance? Certainly not. The information is generally found to emanate from those wretches whose hearts are equally callous to the effects of affliction and compassion; for it cannot, for one moment, be supposed that they themselves would perform that office. Is not the domestic affliction sufficient, without seeking it at the tomb of our departed friends?

What can be more inconsiderate and unfeeling than to awaken those unhappy reflexions which have but so lately been pacified by consolation? Is not the mind, by such disclosure, rendered disconsolate? and are not the thoughts for ever open to wild conjecture? None but a brute would be guilty of such unworthy and base conduct. We all know that anatomy must be studied, and we are equally aware of the necessary means which are required. How would our laborious and accurate countryman, Harvey, have discovered the circulation of the blood but for anatomy? or whenever should we have boasted of the illustrious and immortal Hunter, had he not been deeply and intimately skilled in anatomy? The discoveries of these great men (*qui semper reminiscantur*), and those which have since been made by anatomists, have reduced the practice of surgery, as well as physic, to fixed and rational principles; and it must be acknowledged that a surgeon is much better fitted to perform operations when, from previous anatomical knowledge, he can precisely account for the consequences of them. From the beneficial effects of dissection, no reflecting mind will admit but that the present knowledge of surgery is far superior to that of the ancients. The human body being the subject of the surgeon's operations, how will he be able to perform them with success, or any degree of confidence, if he be ignorant of the construction of the machine on which he is to work? A complete and thorough knowledge of anatomy is absolutely necessary; the means of obtaining which must be pursued with our own hands. The present subject may, by some, be thought inapplicable, as far as regards a public journal; but if anatomy is so openly, and, I must say, illiberally opposed by them, surely the same channel is the most direct means by which it is to be vindicated. If the public periodicals were not so virulent in their attacks upon anatomy, the present prejudice would be, as it were, but visionary. Let but the gentleman and the scholar refer to the medical works of the day, and I am fully persuaded they will acknowledge the futility and impropriety of such opposition. I have patiently and anxiously waited to find what arguments or reasonable objections could be urged against anatomy; but I have waited in vain: the truth is, there exists no argument that can weigh against it. The necessity and paramount importance of the investigation of disease is such as to render it self-evident. The most general objection is, that as anatomical investigations have already been numerous, consequently a further continuance of them would be unnecessary. This is truly preposterous! How futile! Those who hold such an opinion are indeed of the ignoramus class; they are "worse than senseless things." Mere oral instruction is not sufficient; the young surgeon may attend the most ingenious and instructive lectures on anatomy without being fitted for the exercise of his profession. Where is the specific for consumption? or for many other diseases incidental to the human frame, and which, as yet, evade all the skill and ingenuity of the physician? and how are such objects ever to be surmounted without minute anatomical investigation? and where, I would ask, is the person who would not wish to avail himself of the benefit of medicine when on the bed of sickness? and how has that benefit been acquired, but by the observations in dissection? If any proof were wanting as to the further necessity of dissection, it would be fully exemplified in the ardour with which the members of the medical profession themselves continue their zealous endeavours in anatomy, for the improvement of the science; from

which, in many cases, serious and fatal consequences have been the result. England has been ever considered the nursery of the sciences, and with reason. I glory in the name of Briton, and shall ever be ready with heart and hand to support my country. Our Government have ever directed their views to that which might be most conducive to the welfare and prosperity of the people; but in this instance, I shame to confess, France, our eternal and natural rival, is most justly distinguished for the facility which her government affords to the inquiring student in anatomy; and on that account alone, can they boast of having produced more celebrated physiologists of the present day than we are capable of opposing to them; and if our government would turn their attention to the cause of this superiority of the French over us, the opprobrium would not exist. I fear you will have thought me somewhat prolix; I have been more so than I expected; but necessity demands that I should be so. It is well known that subjects for *post mortem* examination, are procured at present under imminent hazard; and if some relief be not afforded, what is more, they will be so in future. The question now, therefore, is whether anatomy shall meet with its deserving support, and by that means, progressively advance for the benefit and happiness of mankind; or whether, on the contrary, it shall retrograde; the evil and unfortunate consequences of which will be unquestionably made manifest.

J. H. B.

POPLITEAL ANEURISM.

To the Editor of THE LANCET.

Plymouth, Nov. 8th, 1824.

SIR,—As your widely diffused publication professes to afford a weekly account of such accidents and operations as present themselves in the Metropolitan Hospitals, and as such details become interesting to practitioners in the country, and may have an influence in determining the course to be pursued by them, in a curative way, on the occurrence of similar cases, I have to request that you will give publicity to a few thoughts which have arisen out of the consideration of a case of *diffused popliteal aneurism* treated by the Hunterian method of ligature in one of the Borough Hospitals. The result of the case has been unfortunate, and the impression on my mind at the time that I read the first notice of it was, that it would be so. It is not my desire to impute blame to the individual who operated on that occasion, but to call the attention of Surgeons to a point of considerable importance, in a practical view, in reference to the treatment of such cases in future.

One of a similar nature which fell under the observation of the Surgeons of a public charity in this town a few years since occurs to my recollection. The tumour was of considerable size and without pulsation. No accurate account of its early history could be obtained, and it appeared probable to some, that its contents were purulent. It was conjectured by others, that blood would be found. A consultation decided that a small valvular opening should be made with a lancet; and if discovered to be aneurismal, that the femoral artery should be tied about the middle of the thigh. The lancet was followed by the escape of blood; the aperture was carefully closed with adhesive plaster, and the artery immediately sought for and secured. The tumour, on the following day, was unreduced in size, and felt as tense as before the operation. A slight hæmorrhage, notwithstanding the presence of well-applied adhesive straps, showed itself, and increased, during the night, to an alarming degree. Renewed efforts were made to restrain it, but without effect; and as the patient's strength was beginning to sink, the only effectual means of saving his life, was resorted to—that of amputating the limb.

The circumstances which presented themselves during the progress of a case so full of interest produced a deep impression on my mind, and the conclusion I came to was, that in all cases of diffused aneurism, nothing short of amputation would succeed in preserving life; and the result of the

case which has given rise to this communication will, I feel assured, be a useful lesson to us all. If amputation in the Borough Hospital case had been resorted to in the first place, there is reason to think that the individual's life would have been spared; but where a diffusion of blood has taken place to a great degree, in consequence of the bursting of the aneurismal tumour exerting an injurious influence on the veins and lymphatics of the limb by its pressure, and where recurrent blood so soon finds its way through the articular arteries of the knee into the popliteal, we are not to expect a cure by absorption, in the same manner as if the original aneurismal tumour had been entire.

The generality of surgeons are aware that a true popliteal aneurism does not attain a considerable size, and that a pulsation may be distinctly felt *while it is entire*, but when its character is altered, by bursting and becoming inflamed, the pulsatory feel ceases.

In both cases a laudable attempt was made to save the limb. The result in one, after many difficulties, was successful amputation; in the other, death.

To fix in the minds of surgeons a point of practice of considerable importance, and to excite in those who are educating youth a desire to employ the most judicious means for the relief of their patients, are the objects which have influenced me in addressing you. It is by a candid avowal of error that the practice of surgery is improved; and in a profession so truly useful and honourable, the most beneficial results will be found to flow from a more frequent communication of unsuccessful cases. The diffusion of surgical knowledge through so many periodical channels has a considerable influence in establishing the best modes of practice among British surgeons, and the profession must feel highly indebted to those who labour in so ample a field of usefulness.

I am, Sir,

yours, &c.

CHIRURGUS.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

Tuesday, 16. Mr. WHITE operated upon Robert Twiney, for retention of urine; the history of the case is as follows:

On the evening of Sunday last, the patient (who is about 28 years of age) found that he was unable to evacuate his urine, although he felt an inclination to do so; this inability continued, and from the pain he felt, he was induced yesterday morning to apply to the Hospital for relief. On trials being made to pass a catheter or bougie, it was found impracticable, all attempts of the kind having failed, and every other means for discharging the contents of the bladder being ineffectual, it was determined to make an opening into that viscus, in order to save the life of the patient.

Mr. WHITE operated through the perinæum, in the same manner as in the lateral operation for stone, and the water being let out, the patient became composed and comparatively easy.

Wednesday 17th.—Very great pain in the region of the bladder. Pulse 120, quick and small; tongue much furred; little rest procured in the night and great irritation now exists; bowels not open during the night.

Give a dose of the common house mixture.

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The patient continues to mend, very little urine now passes through the wound, and he will doubtless be soon discharged from the hospital.

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The only operation performed here for the week, was that of lithotomy, by Mr. Key. The patient is a little boy about two years and a half old; the stone about the size of three large almonds, and of that shape. The child has passed a good night, and is going on very favourably.

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TO CORRESPONDENTS.

PHOCION *will find a Letter at the address he sent us in April last. The reasons will be stated why he has not heard from us at an earlier period.*

We thank A SUBSCRIBER *for the article on* QUACKERY, *but it is not calculated for the pages of this Work. Physicians and Surgeons do not require to be told who are the real, or who are the spurious quacks. The paper, as requested, is left at our Office.*

VERITAS *in our next.*

We are obliged to MEDICUS *for his suggestions. And, with respect to the* PRINTER, *we beg to inform* MEDICUS *that the individual whom he named has been the person employed to print this Work for some weeks past.*

Under the head ERRATA, *at the conclusion of our next week's* FOREIGN, CHIRURGUS *will find the explanation he desires.*

The Letter of AN OLD BOROUGH STUDENT *in page* 312, *will, we believe, satisfy the request of* JUSTITIÆ AMICUS.

We would advise H., *before he embarks in the projected undertaking, to first consult his* MAMMA.

The observations of AMICUS JUSTITIÆ *on the treatment of the* JUNIOR PUPILS *of the* LONDON HOSPITAL, *by the Surgeons of that Institution, shall be inserted in our next Number.*

The grievance complained of by A CONSTANT READER *will be effectually removed in the course of two or three weeks.*

We rather think that the effect mentioned by TYRO, *is produced by the mechanical influence of the carotids.*

We regret that AMICUS *should be inconvenienced by the smallness of our type, owing to inflamation of the eyes, and we are sorry that we cannot afford him relief, as we are compelled to adhere to our present plan.*

The case of W. on the failure of the Wormwood Root in Epilepsy, shall appear.

In reply to M., *we beg to acquaint him, that the Meeting at the* FREEMASONS' TAVERN *on Saturday last, which was held for the purpose of* PUTTING DOWN THE LANCET, *was, we are informed, composed of the following very learned Gentlemen:*—EADY, TRAVERS, SIMON PURE, COURTENAY, JOE BURNS, (*with a trephined* DURA MATER), GREEN (*looking blue*), PROMPTER NASH (*with spectacles*), SIR WILLIAM BLIZZARD (*with his ductus communis choledochus*), *and* SIR EVERARD HOME, *with an urn containing the* ASHES *of Hunterian manuscripts.*

CHARLES WRIGHT, Wine Merchant to the Royal Family, Opera Colonnade, Haymarket, has now on Sale the finest Old PORT, 36*s.* per doz.; superior SHERRY, 36*s.* per doz.; and CAPE MADEIRA, 16*s.* per doz. Two dozen of each of the above Wines, will be well packed in an excellent Sherry hogshead, bottles included, by a remittance of 10*l.* or half that quantity in hampers, for 5*l.*—Madeira, Vidonia, Calcavella, Lisbon, Mountain, &c. 42*s.* per doz. just landed; Champagne, vintage 1818, first quality, warranted, 4*l.* 4*s.* per doz.; Maraschino, 15*s.* 6*d.* per flask.

Just imported, FLORENCE OIL, cases of thirty flasks, 2*l.* 2*s.* or 1*s.* 6*d.* per flask.—OLD COGNAC BRANDY, 21*s.* 6*d.* and 23*s.* 6*d.*; RUM, 14*s.* and 15*s.* 6*d.* per gallon.—P. S. Fine Old Port, 3*s.* per bottle, fine Old Sherry, 3*s.*, and Cape Madeira, excellent, 1*s.* 6*d.* per bottle.

Now landing, a Consignment of PORTUGAL GRAPES of the first quality, in the highest perfection in jars, from 28 to 30 lb. at 25*s.* per jar.

Depôt at Sussex-place, Old Kent-road, where the above may be had at the same reduced prices.—EDINBURGH ALE, 12*s.* per dozen. No credit.

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The following are among the distinguishing features of this Institution:—

1. A diminished Rate of Assurance, especially on the younger Lives, calculated upon the improved state of public health and increased duration of human life.

2. Extending the advantages of Life Assurances to persons subject to such deviations from the common standard of health, as do not essentially tend to shorten life, calculating the premium in a just ratio, with the amount of hazard, instead of excluding those afflicted with Gout, Asthma, and the other diseases usually specified.

3. Purchasing the Interest of the Assured whenever circumstances may occur to render it expedient.

The Society will grant Annuities, Endowments for Children, &c.; and will purchase Annuities, Reversions, and other contingent Interests.

J. PINCKARD, Resident Secretary.

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